| DEPA | | JUK ENT O | | BLIG | SION OF HEALTH - STANDARD CERTIFICATE OF DEATH C HEALTH AND WELFARES 12 Primary Registration District No. 54 Registrat's No. 33922 STATE FILE NUMBER Registration District No. | 58_ |
|------------------------------------|---------------|--|--------------|--------------------|--|---|
| DO NOT WRITE ON THIS STUB | | MEND E | D | F — | | |
| VS 300 Rev. 4/59 | AMENDED | | | _ _ | St. LOUIS b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Int | ence before dmission) side Limits |
| 14002 | J DATE AME | | | - | TOWN Clayton C. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR D.O.A. TOWN Affton Yes C. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ADDRESS (If cutside, give location) Resi | ide on Farm |
| 3 | 2 2 | + | 1 | | 3. NAME OF DECEASED First Middle Last 4. DATE Month Day OF OF DEATH NOV. 5 | Year 1963 |
| 5 / | | | | | | UNDER 24 HR urs Min. |
| 6 7 () | S#51 | | | | Salesman(Retired)St. Louis Vinegar Co. St. Louis, Mo. U.S.A. 3a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE | |
| * | As rollo | | | 15 (Y | Agustus Kypta 5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes, give war or dates of service) No None Alvina Rodefeldt Mary Kypta Address Mary Kypta 9624 Irene | |
| 10 | AKE | 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, built never size to | | | | |
| 12 92 1 | INSTEAD | | | | | |
| 1 | 5 | | | Š. | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If decessed was there a prognancy in | |
| USE BLACK INK OR TYPEWRITER RIBBON | MENUMENIS | | | ICAL CERTIFICATION | 19. WAS AUTOPSY PERFORMED? CONTROL OF THE PROPERTY OF THE PROP | Unknown |
| | | | | MEDI | 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK 4 rem, factory, street, office bldg., etc.) | STATE |
| | D READ | | | | 21. I attended the deceased from 3:30 Pe | |
| USE | SHOULD | | VIT OF | | Tholas Stand 3438 5 GRAND BLVD 11 | DATE SIGNED |
| | TEM NO. | | 3Y AFFIDAVIT | -2 | 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ROW. 8, 1963 Calvary Cemetery St. Louis, Mo. ADDRESS ADDRESS Criegshauser 4228 S. Kingshighway Blvd. | 2 8 - |

(Licensed Embalmer's Statement on Reverse Side)

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name is | recorded on the reverse side of this certificate was embalmed by me, |
|--|--|
| or by | , Student Embalmer No |
| working under my personal supervision. | 8 - x 20 1 |
| StudentSignature of Student Embalmer | Signed Came A Darmill |
| | Licensed Embalmer No. 3024 |
| , - t ⁻ | P. O. Address |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.